



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION III

841 Chestnut Building
Philadelphia, Pennsylvania 19107

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Mr. Robert T. Noonan
The National Passenger Corporation (AMTRAK)
Wilmington Maintenance Facility
400 N. Capital Street, N.W.
Washington, DC 20001

*Charles Lyn - called
202-383-2599*

*1/28
will respond by the 12th
avg. storage/yr. Concrete tank
cleaned every 6 months*

Region III of the United States Environmental Protection Agency (EPA) has conducted a review of our Resource Conservation and Recovery Act (RCRA) and National Pollutant Discharge Elimination System (NPDES) files for your facility located in the State of Delaware. As a result of this review, EPA has concluded that some additional information is required to determine the status of this facility as a generator, treater, storer, or disposer of hazardous waste.

Therefore, EPA requests, pursuant to Section 3007(a) of RCRA, 42 U.S.C. § 6927(a), that you furnish, within fifteen (15) calendar days of receipt of this letter, the following information:

1. A detailed description of all hazardous waste storage, treatment and disposal facilities and activities, including location, type of activity, and quantity and type of waste, at the facility.
2. A detailed sampling analysis of sludge and liquids contained in all NPDES/RCRA impoundments located at the facility.

Please note that failure to submit the information requested without adequate justification is a violation of Section 3007(a) of RCRA and may result in enforcement action. Violations of RCRA may result in civil penalties of up to \$ 25,000 per day, and/or criminal penalties of up to \$50,000 per day or two years imprisonment, or both for each violation. (See 42 U.S.C. §§ 6928(c), (d) and (g)).

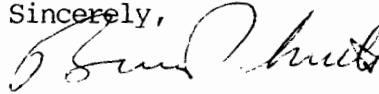
Please send the requested information to:

Ms. Traci Self (3HW15)
U.S. Environmental Protection Agency
Region III
841 Chestnut Building
Philadelphia, PA 19107

This collection of information request is not subject to review by the Office of Management and Budget pursuant to the Paperwork Reduction Act, 44 U.S.C. §§ 3501-3520.

If you have any questions concerning this matter, please contact Ms. Self at (215) 597-2381.

Sincerely,

A handwritten signature in cursive script, appearing to read "Bruce P. Smith".

Bruce P. Smith, Chief
Hazardous Waste Enforcement Branch

cc: Phil Retallick (DE DNREC)

JAN 21 1985

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

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The National Passenger Corporation (AMTRAK)
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Please send the requested information to:

Ms. Traci Self (3HW15)
U.S. Environmental Protection Agency
Region III
341 Chestnut Building
Philadelphia, PA 19107

CONCURRENCES							
SYMBOL	3HW15	3HW15	3RC22	3HW10	3HW10		
SURNAME	SELF	THOMAS	EARLY	SCHAUL	SMITH		
DATE							

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If you have any questions concerning this matter, please contact Ms. Self at (215) 597-2381.

Sincerely,

Bruce P. Smith, Chief
Hazardous Waste Enforcement Branch

cc: Phil Retallick (DE DNREC)

1. EPA ID: DEL006005301614

2. HANDLER NAME: Amtrak Wilmington Maintenance

3. ADDRESS: East of Vandever Ave, Wilmington, DE 19801

5. DATE OF INITIAL EVALUATION WHICH IS THE BASIS FOR THIS REPORT: 9/21/86

5a. AGENCY RESPONSIBLE FOR EVALUATION:
Put code in box ☒
Choose one

E = EPA
S = State
J = Joint
C = Contractor/EPA
O = Other
B = Contractor/State
X = Oversight

6. TYPE OF EVALUATION COVERED BY THIS REPORT:
Put code in box
Choose one

1 = Evaluation Inspection
2 = Case Development
3 = Record Review
4 = Ground Water Monitoring Evaluation
5 = Follow Up
6 = Other - Citizen Complaint
7 = Other - Part B Call-In
8 = Other - Withdrawal Candidate
9 = Other - Closed Facility
10 = Other - General

7. DATE OF EVALUATION COVERED BY THIS REPORT (enter only if different from 5): _/_/

8. AREA AND CLASS OF VIOLATION (Enter 'X' in appropriate box if violations found. Enter '0' if no violations found in Area evaluated. Enter 'Z' to indicate area of interest.)

Class of Violation	Area of Violation						
	GM	CL/PC	Fin. Res	Pt. B	Compl. Sch	Manifest	Other
I						0	0
II						0	X

9. ENFORCEMENT ACTIONS:

Class	Area of Violation	Type (use code)	Date Action Taken	Compliance Dates		Penalty		Resp. Ag. (use code)
				Scheduled	Actual	Assessed	Collected	
II	262.34	10	9/29/86					

Codes for Types of Enforcement Actions: 03 = Warning Letter
05 = Administrative Order
10 = Informal
11 = Filed Civil Action
12 = Filed Criminal Action
15 = \$3008(h) Final Order

Codes for Resp. Agency: E = EPA
S = State
X = EPA oversight

(See instructions for additional codes)

9a. STATUS OF HANDLER WITH COMPLIANCE SCHEDULE OF ORDERS: Meeting compliance schedule Yes _ No _ Status Date _/_/

10. Comments: § 262.34 - Accumulation > 90 days

File

Amtrak



January 13, 1983

Environmental Protection Agency
Region III
Post Office Box 1480
Philadelphia, PA 19107

Dear Sir,

Enclosed please find a copy of the 1981 Hazardous Waste Report for our facilities in Wilmington, Delaware, Philadelphia, Pennsylvania and Paoli, Pennsylvania.

In the future, I would appreciate your sending the necessary paperwork to me at:

400 North Capitol Street, N.W.
Washington, DC 20001

Doing so would expedite this entire reporting procedure.

Thank you for your cooperation.


Very truly yours,

Robert T. Noonan

Robert T. Noonan
Senior Director - Environmental
and Pollution Control Engineering

*1/26/83 Mr Noonan wishes to have the
mailing address changed to above & also he will
be the contact.*

*J. Chy made
1/26/83*

 <p style="text-align: center;">U.S. ENVIRONMENTAL PROTECTION AGENCY HAZARDOUS WASTE REPORT</p> <p>I.D.# DED 060-058-062 Wilmington Delaware Maintenance Fac. c/o Robert T. Noonan 400 North Capitol St., N.W. Washington, DC 20001</p>	<p style="text-align: center;">I. TYPE OF HAZARDOUS WASTE REPORT</p> <p style="text-align: center;">PART A: GENERATOR ANNUAL REPORT</p> <p>THIS REPORT IS FOR THE YEAR ENDING DEC. 31. 1 9 8 1</p> <p style="text-align: center;">PART B: FACILITY ANNUAL REPORT</p> <p>THIS REPORT FOR YEAR ENDING DEC. 31. 1 9</p> <p style="text-align: center;">PART C: UNMANIFESTED WASTE REPORT</p> <p>THIS REPORT IS FOR A WASTE RECEIVED (day, mo., & yr.) - - 1 9</p>
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INSTRUCTIONS: You may have received a preprinted label attached to the front of this pamphlet; affix it in the designated space above-left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Sections II, III, and IV below blank. If you did not receive a preprinted label, complete all sections. "Installation" means a single site where hazardous waste is generated, treated, stored, or disposed of. Please refer to the specific instructions for generators or facilities before completing this form. The information requested herein is required by law (Section 3002/3004 of the Resource Conservation and Recovery Act).

II. INSTALLATION'S EPA I.D. NUMBER
F D E D 0 6 0 0 5 8 0 6 2

III. NAME OF INSTALLATION
W I L M I N G T O N M A I N T E N A N C E F A C I L I T Y

IV. INSTALLATION MAILING ADDRESS
STREET OR P.O. BOX
3 F O O T O F V A N D E V E R A V E.
CITY OR TOWN ST. ZIP CODE
4 W I L M I N G T O N D E 1 9 8 0 1

V. LOCATION OF INSTALLATION
STREET OR ROUTE NUMBER
5 S A M E
CITY OR TOWN ST. ZIP CODE
6 S A M E

VI. INSTALLATION CONTACT
NAME (last and first) PHONE NO. (area code & no.)
2 E Y R I C H , R O B E R T R G E N E R A L M G R 3 0 2 - 4 2 9 - 6 3 6 6

VII. TRANSPORTATION SERVICES USED (for Part A reports only)
List the EPA Identification Numbers for those transporters whose services were used during the reporting year represented by this report.

GRAVES RESOURCES MGM (NJD000632026)
TONAWANDA TANK TRANSPORT SERVICE INC. (NYD097644801)
PEABODY V.I.P. (NJD067394825)

RECEIVED
RCRA PERMITS & PESTICIDES SECT
JAN 20 1983

VIII. COST ESTIMATES FOR FACILITIES (for Part B reports only)

<p style="text-align: center;">A. COST ESTIMATE FOR FACILITY CLOSURE</p> <p>\$</p>	<p style="text-align: center;">B. COST ESTIMATE FOR POST CLOSURE MONITORING AND MAINTENANCE (disposal facilities only)</p> <p>\$</p>
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IX. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

<p><i>Robert T. Noonan</i> for ROBERT R. EYRICH A. PRINT OR TYPE NAME</p>	<p><i>Robert T. Noonan</i> for Robert R. Eyrich B. SIGNATURE</p>	<p>1/13/83 2/22/82 C. DATE SIGNED</p>
--	---	---

Please print or type with ELITE type (12 characters/inch).

GSA No. 12345-XX
Form Approved OMB No. 158-R00XX

U.S. ENVIRONMENTAL PROTECTION AGENCY GENERATOR ANNUAL REPORT - PART A <small>(Collected under the authority of Section 3002 of RCRA.)</small>											
FOR OFFICIAL USE ONLY <small>(Items 1 and 2)</small>		1. DATE RECEIVED				X. GENERATOR'S EPA I.D. NO.					
		2. TYPE OF REPORT				G D E D 0 5 0 0 5 8 0 6 2		7 A 1			
XI. FACILITY'S EPA I.D. NO.						XIII. FACILITY ADDRESS (street or P.O. box, city, state, & zip code)					
P A T O 0 0 6 0 7 9 5 2						84th Darby Township Pennsylvania					
XII. FACILITY NAME (specify)											
Graves Resources Management											
XIV. WASTE IDENTIFICATION											
LINE NUMBER	A. DESCRIPTION OF WASTE	B. DOT HAZARD CLASS	C. EPA HAZARDOUS WASTE NUMBER (see instructions)	D. AMOUNT OF WASTE	UNIT OR MEASURE (enter code)						
1	Waste fuel oil, contaminated PCB's	12	D0 0 0	6 16 0	P						
2	Waste fuel oil, contaminated PCB's	12	D0 0 0	7 04 0	P						
3	Solid waste, rags, etc. cont. PCB's	12	D0 0 0	4 30	P						
4	Spent halogenated solvent TCE	14	F0 0 1	1 14 84	P						
5	Spent halogenated solvent TCE	14	F0 0 1	3 82 8	P						
6											
7											
8											
9											
10											
11											
12											
XV. COMMENTS (enter information by line number - see instructions)											
<p style="font-size: 1.2em; margin: 0;">RECEIVED</p> <p style="margin: 0;">RCRA PERMITS & PESTICIDES SECT</p> <p style="margin: 0;">JAN 20 1983</p> <p style="margin: 0;">EPA, R3</p>											

Please print or type with ELITE type (12 characters/inch).

GSA No. 12345-XX
Form Approved OMB No. 158-R00XX

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XI. FACILITY'S EPA I.D. NO. <div style="border: 1px solid black; padding: 2px; display: inline-block;"> N / A T S C A R E G </div>	XIII. FACILITY ADDRESS <small>(street or P.O. box, city, state, & zip code)</small> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> 2336 State Route 131 Hillsboro, Ohio 45133 </div>																																																																														
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RECEIVED

RCRA PERMITS & PESTICIDES SECT

JAN 20 1983

EPA, R3

FOR OFFICIAL USE ONLY (Items 1 and 2)		1. DATE RECEIVED		X. GENERATOR'S EPA I.D. NO.	
		2. TYPE OF REPORT		G D E D 0 6 0 0 5 8 0 5 2	
XI. FACILITY'S EPA I.D. NO.		XIII. FACILITY ADDRESS (street or P.O. box, city, state, & zip code)			
P A D 0 6 4 3 7 3 4 7 0		West 11th Avenue and Valley Road Coatesville, Pennsylvania			
XII. FACILITY NAME (specify)					
Delaware Container					
XIV. WASTE IDENTIFICATION					
LINE NUMBER	A. DESCRIPTION OF WASTE	B. DOT HAZARD CLASS	C. EPA HAZARDOUS WASTE NUMBER (see instructions)	D. AMOUNT OF WASTE	E. UNIT OF MEASURE (see instructions)
1	Spent halogenated solvent, TCE	14	E 00 1	5 7 42	P
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
XV. COMMENTS (enter information by line number — see instructions)					
<div style="text-align: right;"> RECEIVED RCHA PERMITS & PESTICIDES SECT. JAN 20 1983 EPA, R3 </div>					

REVISION



February 11, 1981

Environmental Protection Agency
Region III
P.O. Box 1480
Philadelphia, PA 19107

Dear Sir:

Attached is a copy of the subsequent Notification of Hazardous Waste Activity for our facility(s) in your region. This notification supersedes that submitted to you in our August 15, 1980 report. Please note the addition under IX-E-Characteristics of non-listed hazardous waste. In rare circumstances, we may have the need to dispose of small amounts of locomotive cooling water solution containing 2,000 to 3,000 ppm of hexavalent chromium. Each locomotive holds approximately 320 gallons of potassium dichromate treated cooling water and, in most cases, it is re-used and not discharged.

We do, however, wish to be on record as possible generators of chromate containing wastes and therefore submit this revised notification.

Please direct any questions and all future correspondence to me at the above address.

Very truly yours,

Robert F. Lawson

Robert F. Lawson
Vice President/Chief Engineer



PLEASE PLACE LABEL IN THIS SPACE

COMMENTS

APPROVED

DATE RECEIVED
(yr., mo., & day)

W	I	L	M	I	N	G	T	O	N	M	A	I	N	T	E	N	A	N	C	E	F	A	C	I	L	I	T	Y
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STREET OR P.O. BOX

3	F	O	O	T		O	F		V	A	N	D	E	V	E	R		A	V	E
---	---	---	---	---	--	---	---	--	---	---	---	---	---	---	---	---	--	---	---	---

CITY OR TOWN

ST.

ZIP CODE

C	W	I	L	M	I	N	G	T	O	N
4	W	I	L	M	I	N	G	T	O	N

D	E
---	---

9

30

STREET OR ROUTE NUMBER

5	S	A	M	E
---	---	---	---	---

CITY OR TOWN

ST.

ZIP CODE

NAME AND TITLE (last, first, & job title)

PHONE NO. (area code & no.) _____

2	EYRICH,	ROBERT,	GENERAL	MGR.
---	---------	---------	---------	------

3	0	2	.	4	2	9	.	6	3	6	6
---	---	---	---	---	---	---	---	---	---	---	---

A. NAME OF INSTALLATION'S LEGAL OWNER

C	8	N	A	T	I	O	N	A	L		R	A	I	L	R	O	A	D		P	A	S	S	E	N	G	E	R		C	O	R	P	O	R	A	T	I	O	N
---	---	---	---	---	---	---	---	---	---	--	---	---	---	---	---	---	---	---	--	---	---	---	---	---	---	---	---	---	--	---	---	---	---	---	---	---	---	---	---	---

B. TYPE OF OWNERSHIP
(enter the appropriate letter into box)

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

F - FEDERAL
N - NON-FEDERAL

☒ **A. GENERATION**

☐ **B. TRANSPORTATION** (complete item VII)

C. TREAT/STORE/DISPOSE

D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only – enter "X" in the appropriate box(es))



C. HIGHWAY

D. WATER

☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA I.D. Number in the space provided below.

A. FIRST NOTIFICATION

☒ **B. SUBSEQUENT NOTIFICATION** (complete item C)

C. INSTALLATION'S EPA I.D. NO.

D	E	D	0	6	0	0	5	8	0	6	2
---	---	---	---	---	---	---	---	---	---	---	---

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☒ 4. TOXIC D-007
(D000)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

DATE SIGNED _____

2/11/81



August 15, 1980

EPA Region III
P. O. Box 1480
Philadelphia, PA 19107

Dear Sir:

Enclosed are the notifications of hazardous waste activity for our facilities in your region. The following specific items must be addressed at these sites:

1. Our facility in Wilmington, Delaware, utilizes underflow dams on the Brandywine Creek, a floating oil skimmer, and three oil skimmings holding tanks to contain any possible oil spill at this facility. Oil is occasionally picked up from behind these dams, but we do not remove sludge from behind them.

Based on our knowledge of the waste water entering the system of dams, we do not feel that it can be classified as a hazardous waste. However, the collected oil may possibly be classified as a hazardous waste. Amtrak will conduct lab tests to determine whether the oil constitutes a hazardous waste. If the oil is found to be a hazardous waste, we feel that this facility should be classified as a hazardous waste generator. We do not feel that these underflow dams qualify as surface impoundments.

This facility also conducts vapor degreasing activities which utilize trichloro and/or perchloro ethylene. The waste solvents and sludge from these operations would be classified as hazardous waste under your regulations. The sludge and spent solvents are disposed of via licensed contractors, with no on site storage in excess of 90 days.

The Wilmington shops have some stationary transformers that contain PCB or PCB-contaminated dielectric fluids. In addition, Amtrak services electric motive power (Amtrak, Conrail, NJ DOT and SEPTA owned) which have PCB filled transformers. Spills from these units could generate hazardous waste which would be disposed of via a licensed contractor. Amtrak no longer adds PCBs to any transformer and is working to find a suitable substitute for this material. Currently, any liquid PCBs collected by Amtrak are being removed from our property by Safety Engineered Disposal, Inc. of P.O. Box 1306, Waukesha, Wisconsin, 53187. The liquid PCBs are being shipped under Wisconsin Transportation Lic. No. 0952 to a storage facility at 925 East First Street, Dayton, Ohio 45402.

August 15, 1980
Page Two

To the best of our knowledge, this facility does not handle any other solid waste which can be classified as hazardous.

2. 30th Street Coach Yard - Philadelphia, PA, utilizes a gale oil separator and a waste oil tank.

Based on our knowledge of the waste water entering the oil separator, we do not feel that it can be classified as a hazardous waste. However, the collected oil and sludge may be possibly classified as a hazardous waste. Amtrak will conduct lab tests to determine whether either of these materials constitute a hazardous waste. If the oil or sludge are found to be hazardous, we feel that this facility should be classified as a hazardous waste generator.

To the best of our knowledge, this facility does not handle any other solid waste which can be classified as hazardous.

3. It should be noted that the Amtrak car shop at Paoli, while owned by Amtrak, is operated by Conrail to service Southeastern Pennsylvania Transportation Authority equipment. In servicing this equipment, Conrail utilizes Polychlorinated Biphenyl-based dielectric material. This facility should therefore be classified as a hazardous waste generator.

If the Environmental Protection Agency has a different opinion regarding the classification of any of our facilities, please so inform us as soon as possible and send the necessary permit forms.

Please direct all future correspondence regarding any Amtrak facility in your region to me at the above address.

Very truly yours,



R. F. Lawson
Vice President/Chief Engineer

Enclosures



ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

DED060058062

INSTALLATION ADDRESS

WILMINGTON MAINTENANCE FACILITY
FOOT OF VANDEVER AVE
WILMINGTON

DE 19801

FOOT OF VANDEVER AVE
WILMINGTON

DE 19801

U.S. ENVIRONMENTAL PROTECTION AGENCY NOTIFICATION OF HAZARDOUS WASTE ACTIVITY		INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).
INSTALLATION'S EPA I.D. NO.	PLEASE PLACE LABEL IN THIS SPACE	
I. NAME OF INSTALLATION		
II. INSTALLATION MAILING ADDRESS		
III. LOCATION OF INSTALLATION		
FOR OFFICIAL USE ONLY		
COMMENTS		
AUG 18 1980 000083		
INSTALLATION'S EPA I.D. NUMBER		
F D E D 0 6 0 0 5 8 0 6 2 2 1		
APPROVED		
8 0 0 8 1 8		
DATE RECEIVED (yr., mo., & day)		
8 0 0 8 1 8		
I. NAME OF INSTALLATION		
W I L M I N G T O N M A I N T E N A N C E F A C I L I T Y		
II. INSTALLATION MAILING ADDRESS		
STREET OR P.O. BOX		
3 F O O T O F V A N D E V E R A V E . 4 0 0 N C A P I T O L S T . N W		
CITY OR TOWN		
W I L M I N G T O N W A S H I N G T O N		
ST.		
D E		
ZIP CODE		
1 9 8 0 1		
III. LOCATION OF INSTALLATION		
STREET OR ROUTE NUMBER		
5 S A M E F O O T O F V A N D E V E R A V E		
CITY OR TOWN		
6 S A M E W I L M I N G T O N		
ST.		
D E		
ZIP CODE		
1 9 8 0 1		
IV. INSTALLATION CONTACT		
NAME AND TITLE (last, first, & job title)		
P O B E R T T . N O O N A N		
PHONE NO. (area code & number)		
2 0 2 . 4 2 9 . 6 3 6 6		
V. OWNERSHIP		
A. NAME OF INSTALLATION'S LEGAL OWNER		
8 N A T I O N A L R A I L R O A D P A S S E N G E R C O R P O R A T I O N		
B. TYPE OF OWNERSHIP (enter the appropriate letter into box)		
F = FEDERAL M = NON-FEDERAL		
M		
VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))		
<input checked="" type="checkbox"/> A. GENERATION		
<input type="checkbox"/> B. TRANSPORTATION (complete item VII)		
<input type="checkbox"/> C. TREAT/STORE/DISPOSE		
<input type="checkbox"/> D. UNDERGROUND INJECTION		
VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))		
<input type="checkbox"/> A. AIR		
<input type="checkbox"/> B. RAIL		
<input type="checkbox"/> C. HIGHWAY		
<input type="checkbox"/> D. WATER		
<input type="checkbox"/> E. OTHER (specify):		
VIII. FIRST OR SUBSEQUENT NOTIFICATION		
Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.		
<input checked="" type="checkbox"/> A. FIRST NOTIFICATION		
<input type="checkbox"/> B. SUBSEQUENT NOTIFICATION (complete item C)		
C. INSTALLATION'S EPA I.D. NO.		
IX. DESCRIPTION OF HAZARDOUS WASTES		
Please go to the reverse of this form and provide the requested information.		

I.D. - FOR OFFICIAL USE ONLY

W	D	E	D	0	6	0	0	5	8	0	6	2	5	1
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)**A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES.** Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 F001 23 - 26	2 23 - 26	3 23 - 26	4 23 - 26	5 23 - 26	6 23 - 26
7 23 - 26	8 23 - 26	9 23 - 26	10 23 - 26	11 23 - 26	12 23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13 23 - 26	14 23 - 26	15 23 - 26	16 23 - 26	17 23 - 26	18 23 - 26
19 23 - 26	20 23 - 26	21 23 - 26	22 23 - 26	23 23 - 26	24 23 - 26
25 23 - 26	26 23 - 26	27 23 - 26	28 23 - 26	29 23 - 26	30 23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31 0007 23 - 26	32 23 - 26	33 23 - 26	34 23 - 26	35 23 - 26	36 23 - 26
37 23 - 26	38 23 - 26	39 23 - 26	40 23 - 26	41 23 - 26	42 23 - 26
43 23 - 26	44 23 - 26	45 23 - 26	46 23 - 26	47 23 - 26	48 23 - 26

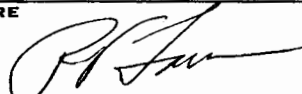
D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49 23 - 26	50 23 - 26	51 23 - 26	52 23 - 26	53 23 - 26	54 23 - 26
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E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)☐ 1. IGNITABLE
(D001)☐ 2. CORROSIVE
(D002)☐ 3. REACTIVE
(D003)☒ 4. TOXIC
(D000)**X. CERTIFICATION**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE



NAME & OFFICIAL TITLE (type or print)

R. F. LAWSON
VP/CHIEF ENGINEER

DATE SIGNED

8/15/80